

48-Hour Notice

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

2022 MAY 17 AM 8:41

RECEIVED

1. Committee Information	
a. Full Name COMMITTEE TO ELECT TONYA McDANIEL	c. ID Number 1CQ932
b. Mailing Address (include City, State and Zip Code) P. O. BOX 21142 WINSTON-SALEM, NORTH CAROLINA 27120	d. Report Date 05/17/2022
	e. Phone Number

2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) TONYA McDANIEL P. O. BOX 21142 WINSTON-SALEM, NORTH CAROLINA 27120	<input type="checkbox"/> Add <input type="checkbox"/> Remove

b. Type of Contributor	(if checked, must specify b2 and b3)
<input checked="" type="checkbox"/> Individual	
<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee	(if checked, must specify b1)
<input type="checkbox"/> Not-for-Profit	(if checked, must specify b4)
<input type="checkbox"/> Other Source:	

b1. Type of Committee	County: _____
<input type="checkbox"/> Federal	<input type="checkbox"/> State
<input checked="" type="checkbox"/> State	Municipality: _____

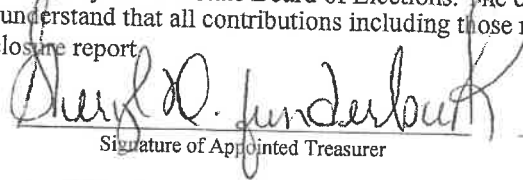
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
PUBLIC AFFAIRS & RELATIONS SPECIALIST			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
UNITED HEALTH CENTER	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
05/13/2022	\$ 1,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
WIN2022	\$ 2,000.00		\$

3. Total Contributions THIS Page	(sum all the '2f' entries on this page)	\$ 1,000.00
4. Total Contributions ALL Pages	(if multi-page, only list on page 1)	\$ 2,000.00

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

 SHERYL D. FUNDERBURK
 Printed Name of Signer


 Signature of Appointed Treasurer

 05/17/2022
 Date